

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 003902	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/16/2015
NAME OF PROVIDER OR SUPPLIER HEARTH AT PRESTWICK		STREET ADDRESS, CITY, STATE, ZIP CODE 182 S CR 550 E AVON, IN 46123		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaints IN00159746 and IN00163146.</p> <p>Complaint IN00159746 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00163146 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey date: April 15 and 16, 2015.</p> <p>Facility number: 003902 Provider Number: 003902 Aim Number: N/A</p> <p>Census bed type: Residential: 116 Total: 116</p> <p>Census by payor type: Other: 116 Total: 116</p> <p>Sample: 3</p> <p>Hearth at Prestwick was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00159746 and IN00163146.</p>	R 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE